



INCORPORATED

Founded 1952 By REESE PHIFER • Incorporated 1967
Post Office Box 1700 • Tuscaloosa, Alabama 35403-1700 U.S.A.

Date _____

Position Applied For _____

TO APPLICANT:

READ THIS INFORMATION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS APPLICATION. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. P.L. 90-202 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The laws of some states also prohibit some or all of the above types of discrimination. The Americans With Disabilities Act of 1990 prohibits discrimination in employment because of disabilities.

Name _____ Social Security No. _____

Last First Middle

List other names you have used for work purposes _____

Telephone Number _____ Cell # _____ Alt # _____

Present Address _____

| No. | Street | City | State | Zip |
|-----|--------|------|-------|-----|
|-----|--------|------|-------|-----|

| Previous Address | | | | |
|------------------|--------|------|-------|-----|
| No. | Street | City | State | Zip |
| | | | | |

Date of Birth _____ Are you authorized to work in the U.S.? _____

Spouse's Name _____

Spouse's Employer _____
 Company City State

How long employed there?_____ What job? _____

In case of an emergency notify:

| Name | Relationship |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

| | |
|----------------------|------------------------|
| <hr/> Address | <hr/> Telephone |
|----------------------|------------------------|

Your Father's Name _____ His Employer _____

How long employed there? _____ What job? _____

Your Mother's Name _____ Her Employer _____

How long employed there? _____ What job? _____

Have you been convicted of a crime in the past seven years, excluding parking tickets? _____

If yes, describe in full

Rate of pay expected _____ Per _____

Would you work full-time? _____ Part-Time? _____ Specify days and hours _____

Can you work rotating shifts? (Including weekend work) _____ Overtime? _____

Would you be willing to relocate? _____

Were you previously employed by Phifer? _____ If yes, when? _____

Department _____ Type of work performed _____

Reason for leaving _____ Supervisor _____

List Phifer employees who could be used as references:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

If your application is considered favorably, on what date will you be available to work? _____

List any experiences, skills, or qualifications that would be helpful in evaluating your abilities.

Typing Speed: _____ Shorthand Speed: _____

WORKKEYS® Assessment. Please, record your skill level in the appropriate box.

APPLIED MATHEMATICS

OBSERVATION

APPLIED TECHNOLOGY

READING FOR INFORMATION

LISTENING

TEAMWORK

LOCATING INFORMATION

WRITING

RECORD OF EDUCATION

| School | Name of School City & State where school is located | Course of Study | Grade Completed | Did You Graduate? | List Diploma or Degree |
|--------------------|--|--------------------|--------------------|----------------------|---------------------------|
| High School | | | 1 2 3 4 | ____ Yes ____ No | |
| College | | | 1 2 3 4 | ____ Yes ____ No | |
| Other (Specify) | | | 1 2 3 4 | ____ Yes ____ No | |

Are you currently attending school? Yes _____ No _____ Where? _____

What hours? _____

The **WORKKEYS**® employment system is a product of ACT, Inc. **WORKKEYS**® is a registered trademark of ACT, Inc.

EMPLOYMENT HISTORY

List below all present and past employment beginning with your most recent:

1. Company _____ Nature of their business _____
Address _____
Street & No. _____ City _____ State _____ From _____ Month _____ Year _____ To _____ Month _____ Year _____
Phone Number _____ Supervisor's Name _____
Area Code _____
Describe the work you did _____ Last Salary _____
Reason for leaving _____
2. Company _____ Nature of their business _____
Address _____
Street & No. _____ City _____ State _____ From _____ Month _____ Year _____ To _____ Month _____ Year _____
Phone Number _____ Supervisor's Name _____
Area Code _____
Describe the work you did _____ Last Salary _____
Reason for leaving _____
3. Company _____ Nature of their business _____
Address _____
Street & No. _____ City _____ State _____ From _____ Month _____ Year _____ To _____ Month _____ Year _____
Phone Number _____ Supervisor's Name _____
Area Code _____
Describe the work you did _____ Last Salary _____
Reason for leaving _____
4. Company _____ Nature of their business _____
Address _____
Street & No. _____ City _____ State _____ From _____ Month _____ Year _____ To _____ Month _____ Year _____
Phone Number _____ Supervisor's Name _____
Area Code _____
Describe the work you did _____ Last Salary _____
Reason for leaving _____

If employment history does not cover the past ten years, please state below your occupation during time not accounted for:

May we contact the employers listed above? _____ If no, indicate by number which one(s) you do not wish us to contact: _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? _____ If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at Discharge _____
Mo. Date Year Mo. Date Year

Service Occupation _____

Special Training _____

I understand that the filing of this application does not indicate that there are any positions open, and does not in any way obligate Phifer, Inc. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge and I understand that, if employed, false statements, misrepresentation or omission of information on this application may result in immediate termination. I hereby give Phifer, Inc. permission to contact schools, previous employers, and others with whom I am acquainted and hereby release both Phifer, Inc. and any persons or institutions so contacted from any liability which might grow out of any information furnished as a result of such contact.

I understand that the employment relationship is not for a definite period of time and may be terminated at any time by the employer or employee, with or without cause and with or without notice. This employment at will relationship will not be changed except by written agreement signed by the Company President.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report. I am not a member of any organization which advocates the forceful overthrow of the United States Government. I understand that verification of eligibility to work in the United States will be required of all applicants.

I further understand that this application will be considered current for a period of one year from the date of completion.

DATE

SIGNATURE OF APPLICANT

Interviewer _____ Date _____

Interviewer _____ Date _____

Interviewer _____ Date _____

CAREER CENTER USE ONLY – THIS INFO WILL NOT BE INCLUDED ON YOUR APPLICATION FOR EMPLOYMENT WITH PHIFER WIRE

Name: _____

Social Security Number _____

Date of Birth _____

Ethnicity (Please check all that apply):

- ☐ Ethnic Hispanic or Latino
- ☐ Not Self Identified

Race (Please check all that apply):

- ☐ White or Caucasian
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hawaiian or Other Pacific Islander American Indian or Eskimo
- ☐ More than one race
- ☐ Not Self Identified

Gender: Female

- ☐ Male
- ☐ Not Self Identified

Veteran Status

Have you served on Active Duty with the Armed Forces of the US?

- ☐ Yes, Less than or Equal to 180 days*
- ☐ Yes, more than 180 consecutive days*
- ☐ No

***If yes please complete additional questions below:**

If you served on Active Duty with the Armed Forces of the US for less than or equal to 180 days:

Were you a member of a military reserve or guard unit ordered to and served on active duty during a period of war or in a campaign or expedition for which a campaign badge was authorized?

- ☐ Yes
- ☐ No

Were you a member of a military reserve or guard unit ordered to and served on active duty for the purposes of Homeland Security?

- ☐ Yes
- ☐ No

If you served on Active Duty with the Armed Forces of the US for more than 180 days:

Branch of service

- ☐ US Air Force *
- ☐ US Army
- ☐ US Coast Guard
- ☐ US Marine
- ☐ US Navy

Please enter active duty service start date _____ Example: MM/DD/YYYY

Please enter active duty service end date OR projected active duty service end date OR projected retirement date
_____ Example: MM/DD/YYYY.

Please circle the correct answer below:

What was your character of discharge? Honorable Other Dishonorable

Will you be separating from active duty within the next 12 months? Yes No

Will you be retiring from the military within the next 24 months? Yes No

Are you currently a participant in the Transition Assistance Program? Yes No

Veteran Type Veteran Campaign veteran

Are you a homeless Veteran? Yes No

Are you entitled to compensation for a disability incurred while on active military duty? Yes No

Were you discharged or released from active military duty because of a disability incurred while on active military duty? Yes No

Have you received a rating for a disability incurred while on active military duty that is not entitled to compensation?
Yes No

Are you entitled to compensation for a disability incurred while on active military duty and your disability is rated at 30% or more? Yes No

Has your disability been rated at less than 30%, and has the Department of Veterans' Affairs classified you as a "Special Disabled Veteran" because the disability you incurred while on active military duty is considered a serious barrier to employment? Yes No

Please indicate your current disability rating from the Department of Veterans Affairs _____ %